

How To Fill Out The Durable Do Not Resuscitate

Durable DNR Forms are only valid when ALL appropriate lines are filled in and the appropriate boxes are checked.

Order Number

This is no longer required and newer forms do not have this area.

Patient's Full Legal Signature

Enter the patient's full legal name on this line.

Date Order Written

This should be the date the order is signed by all parties. It will become the effective date of this Durable DNR Form.

Certification of Patient's Capability to Make an Informed Decision

The physician completing the Durable DNR must check either box 1 or 2 in this section attesting to the patient's ability to make an informed decision. If box 2 is checked then the physician must further explain, by checking box A, B or C.

Emergency Phone Number

This should be the 24-hour number at which the physician who signs the form can be reached.

Physicians Printed Name

The physician completing the Durable DNR Form must legibly write his/her name in this space.

Physicians Signature

The physician completing the Durable DNR Form must sign on this line. Durable DNR orders are not valid without a physician's signature.

Signatures

The Durable DNR Order Form must have two signatures – on the front of the form the physician who has a bona fide physician/patient relationship with the patient identified on the form **AND** the patient or person legally authorized to sign on behalf of the patient, must be on the back of the Durable DNR Form.

For More Information on the Durable DNR Order Program Visit the Office of EMS Web Site at www.vdh.virginia.gov/oems/

